

# IN-PERSON ANCILLARY PROVIDER TRAINING

Thursday, April 28, 2022  
12:00 PM - 1:30 PM (MDT)



Join us for a **lunch** and learn  
at our office.

Participation **giveaways** and a  
chance to win **door prizes** and  
**gift cards** will be available!

**Eventbrite Info:**

<https://eph-ancillarytraining.eventbrite.com>

**Password:** Ancillary



**El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

# Agenda

- Provider Relations – [Updates and Reminders](#)
- Health Services – [Prior Authorizations, DME & Supplies, ABA Benefit, Therapy Requests](#)
- Claims – [Reminders](#)
- Special Investigations Unit – [SIU Process](#)
- Member Services – [Reminders](#)



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## **Updates and Reminders**

Liliana Jimenez

Provider Relations Representative

# COVID-19 Update: Waiver of CHIP Co-Payment

HHSC is waiving in office face to face visit co-payments for all CHIP members for services provided from **March 13, 2020 through May 31, 2022**.

- El Paso Health will reimburse the provider the full rate for services including any member cost sharing.
- Providers must attest that an office visit co-payment was not collected from the member by submitting the [attestation form](#).
- Please include a list with member name, claim number, date of service, and co-pay amount along with the attestation form.
- Forms will be accepted via email at [providerservicesdg@elpasohealth.com](mailto:providerservicesdg@elpasohealth.com) or via mail at the following address:

El Paso Health  
Attention: Provider Relations  
1145 Westmoreland Dr.  
El Paso, TX 79925

**Reminder: *Co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members. Co-payments do not apply to well child visits.***

# Synchronous Audio-Visual PT, OT, and ST Evaluation and Treatment Eff 02/01/2022



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## MEMORANDUM

**TO:** El Paso Health Providers  
**FROM:** El Paso Health Plans  
**DATE:** February 3, 2022  
**RE:** Synchronous Audio-Visual PT, OT, and ST Evaluation and Treatment Telehealth Services

For the following PT, OT, and ST services, per standards of care, telehealth must be clinically appropriate, safe, and agreed to by the client receiving services or the legally authorized representative (LAR). Telehealth requires consent from the client or the client's parent or LAR. Verbal consent is permissible and should be documented in the client's medical record. Telehealth may require participation of a parent or caregiver to assist with the treatment. Providers must be able to defer to the needs of the person receiving services, allowing the mode of service delivery (audio-visual or in-person) to be accessible, person and family-centered, and primarily driven by the person in service's choice and not provider convenience. Texas Medicaid does not reimburse for PT, OT, or ST delivered via telephone (audio-only).

**Synchronous Audio-Visual PT, OT, and ST Evaluation and Treatment**  
Effective February 1, 2022, HHSC authorizes providers to submit claims for reimbursement of the following services by synchronous audio-visual technology.

Evaluation, re-evaluation, and treatment for the following procedure codes may be reimbursed when delivered by telehealth as determined clinically appropriate by the rendering therapist and in compliance with each discipline's rules:

Description of Service	Procedure Codes
Physical Therapy Evaluation-Low, Moderate, and High Complexity	97161, 97162, 97163
Physical Therapy Evaluation-Re-evaluation	97164
Occupational Therapy Evaluation-Low, Moderate, and High Complexity	97165, 97166, 97167
Occupational Therapy Re-evaluation	97168
Therapeutic Exercises	97110
Neuromuscular Re-education	97112
Gait Training	97116
OT or PT Group Therapy	97150

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## MEMORANDUM

Therapeutic Exercises	97530
Neuromuscular Re-education	97112
Gait Training	97116
OT or PT Group Therapy	97150
Therapeutic Activities	97530
Self-care/Home Management Training	97530
Community Reintegration-use only with other therapeutic procedure codes	97537
Physical Performance Test or Measurement	97750
Speech Evaluations	92521, 92522, 92523, 92524, 92610
Speech Therapy Re-evaluation	S9152
Services for speech, language, voice, communication, auditory processing disorder treatment	92507
Speech Group Therapy	92508
Swallowing/Oral Dysfunction Treatment	92526

**Note:** Providers must use modifier 95 to indicate remote delivery. Providers are reminded to use the required modifiers GP, GO, and GN on all claims for physical, occupational, or speech therapy treatment. Treatment notes should indicate that remote delivery of the service is clinically appropriate per the rendering therapist's professional judgement.

### PT, OT, and ST In-Person Evaluation and Treatment

Specialized evaluations required for the provision of new complex rehabilitation technology, such as power mobility and adaptive seating systems or augmentative communication devices, require the physical presence of the speech-language pathologist, the occupational therapist, or physical therapist and should not be delivered by telehealth. The following procedure codes will not be reimbursed if delivered by synchronous audio-visual or audio-only technology.

Description of Service	Procedure Codes
Wheelchair assessment and training	97542
Orthotic management and training, initial encounter	97760
Prosthetic training of wither both upper extremity and lower extremity, initial encounter	97761
Orthotic/prosthetic management and/or training, subsequent encounter	97761
Traction	97012

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# Synchronous Audio-Visual PT,OT, and ST Evaluation and Treatment Eff 02/01/2022 Continued



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## MEMORANDUM

Electrical stimulation (unattended)	97014
Vasopneumatic Device	97016
Paraffin Bath	97018
Whirlpool	97022
Diathermy	97024
Infrared	97026
Ultraviolet	97028
Electrical stimulation	97032
Iontophoresis	97033
Contrast Baths	97034
Ultrasound	97035
Hydrotherapy	97036
Ultrasound	97035
Aquatic Therapy	97113
Therapeutic Massage	97124
Manual Therapy	97140
Unlisted Rehabilitation Service	97799

Texas licensure rules for speech-language pathology, occupational therapy, and physical therapy address the provision of telehealth by two-way audio-visual platforms. Telehealth therapy services must be delivered within the provision of current licensure requirements found in [Occupational Therapy Rules](#), [Physical Therapy Rules](#), and [Speech-Language Pathologists and Audiologists Administrative Rules](#).

Therapy assistants may provide telehealth and receive supervision within limits outlined in each discipline's rules. Providers should refer to state practice rules and national guidelines regarding supervision requirements for each discipline.

Providers can refer to the [Texas Medicaid Provider Procedures Manual](#), [Telecommunications Services Handbook](#) for additional information about Texas Medicaid telemedicine and telehealth benefits, and the [Physical Therapy, Occupational Therapy, and Speech Therapy Handbook](#) for more information about current PT, OT, and ST benefits.

If you have any questions regarding this communication please feel free to contact our Provider Relations Department at 915-532-3778.

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# Provider Directories

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El Paso Health Provider Directories are available in the following formats:

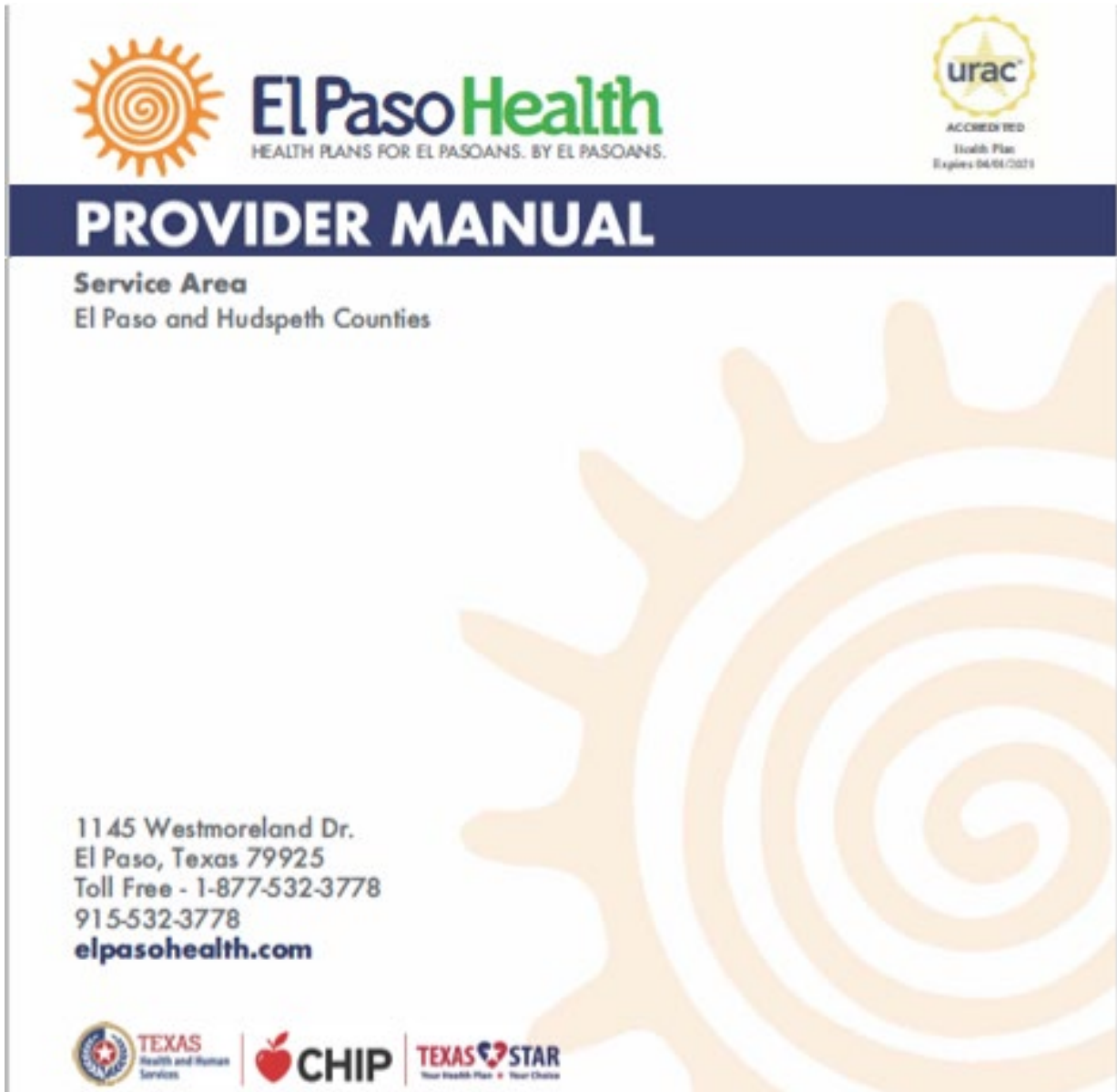
- Print: available for pick up at our office or mailed to members upon request
- [Online](#): a PDF version is available for viewing or for printing on our website

An interactive [Provider Search](#) option is also available on our website at [www.elpasohealth.com](http://www.elpasohealth.com).

- HHSC performs random audits to ensure accuracy of our Provider Directories.
- An internal review is done by our Provider Relations Department on a monthly basis.
- The following elements are reviewed and updated as necessary:
  - provider name
  - phone and fax number
  - address
  - program participation
  - languages spoken
  - age limitations, if any
  - new patient restrictions
  - hours and days of operation
- Updates and discrepancies may be corrected using the [Provider Demographic Form](#).



# El Paso Health Provider Manual



Our [Provider Manual](#) can be found on our website at [www.elpasohealth.com](http://www.elpasohealth.com) in the [Provider](#) section.

The Provider Manual contains information about El Paso Health policies and procedures and specific “how to” instructions for providers when working with El Paso Health such as:

- Covered services
- Behavioral Health Services
- Quality Improvement Program
- Utilization Management
- Claims Processing Guidelines

You may also access the Provider Manual directly at: [EPH-PR-Provider Manual February 3-4-2022.pdf](#) ([elpasohealth.com](http://elpasohealth.com))



# Out of Network Providers

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If a Provider or Facility is not an In-Network Provider, the provider is considered out of network (OON).

- OON Providers without a Texas Provider Identifier (TPI) number are not eligible for reimbursement for services rendered to a member participating in the STAR program.
- OON Providers must notify our Contracting Department of any TPI assignments/updates through a formal written notification.
- OON providers are subject to non-participating provider authorization and reimbursement guidelines.

## **Continuity of Care**

Newly enrolled members whose health or behavioral health condition has been under treatment by a specialty care provider or whose health could be jeopardized if care is disrupted or interrupted will be allowed access to OON providers up to a certain period of time in order to ensure continuity of care when the following special circumstances apply:

- Transitioning from one plan to another
- Disabilities
- Acute conditions
- Life-threatening illnesses
- Pregnant members past the 24th week of pregnancy

# Electronic Usages

El Paso Health is encouraging electronic forms of communication. The following items are currently available via electronic platforms:

- Electronic Claims Submission
- Upload appeals via our Provider Web Portal
- Prior authorization submissions and amendments via our Provider Web Portal
- Direct Payments (ACH) to your financial institution
  - Submit our EFT Form to enroll.
- Electronic Remittance Advice (835) files via your clearinghouse
  - Submit our [Electronic Remittance Advice \(835\) Request Form](#) to enroll.
- Remittance Advice (RA) Reports via our Provider Web Portal
  - RAs are available for a six month period.
  - Must have an Administrative account in order to access RAs.
  - Standard users may contact Provider Relations at 915-532-3778 to request Administrative user rights.



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## **Early Childhood Intervention**

# Early Childhood Intervention (ECI)

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ECI encourages families not to take a "wait and see" approach to a child's development. As soon as a delay is suspected, children may be referred to ECI, even as early as birth.

➤ **Birth through 35 months:**

[Federal Regulation CFR Sec. 303.303 of Title 34 \(Education\)](#) requires a provider to refer children under age three to Early Childhood Intervention (ECI) as soon as possible, but no longer than 7 days of identifying a child with a delay or eligible medical diagnosis, even if also referring to an appropriate specialist.

➤ **Ages 3 years and older:**

The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.

**COVID -19 Update :**

During the pandemic ECI is still providing visits both in person and via Telehealth based on the needs and preferences of the families.

ECI Referrals can be made online, via fax 915-496-0750 or on the 24/7 referral line at 915-534-4324.

<https://www.elpasoeci.org/>



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## **Additional Updates**

# Enhanced El Paso Health Website

Español

Call us at  
915-532-3778

Outside El Paso  
877-532-3778

Hours of Operation  
7:00 A.M. – 5:00 P.M. MST

AA

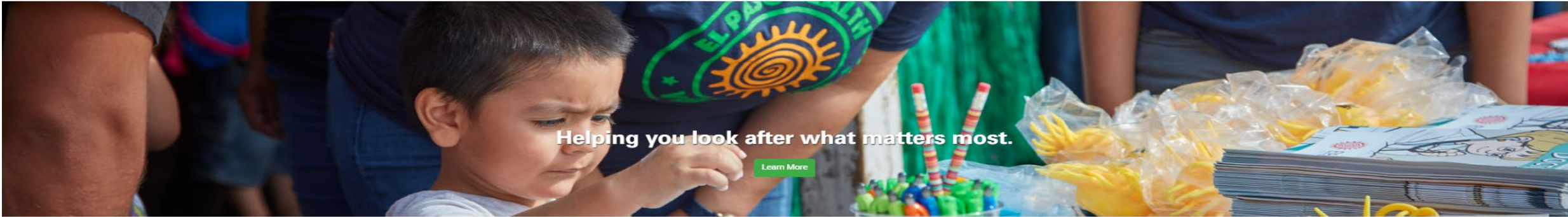
Provider Login

Member Login

Careers



Member ▾ Providers ▾ Find a Provider ▾ About ▾ Volunteer Contact Search ...  Search



Helping you look after what matters most.

[Learn More](#)

## Welcome to El Paso Health

We are your local, non-profit health plan serving El Paso and Hudspeth counties. Our team of bilingual professionals is dedicated to helping our members and providers.

### STAR

For pregnant women, children and anyone who gets TANF

[Find Out More](#)

### CHIP

For children age 18 and under who are not eligible for Medicaid and don't have health coverage.

[Find Out More](#)

### Medicare

Medicare Advantage Dual SNP for people who have Medicare and Medicaid.

[Find Out More](#)



2021 annual report is now available.  
Click on the link below to view  
the annual report digitally.

[VIEW ANNUAL REPORT](#)



We're in this together!

[www.elpasohealth.com](http://www.elpasohealth.com)



# Autism Services / *New Medicaid Benefit*

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Autism Services will now include Applied Behavior Analysis (ABA) evaluation and treatment, and will be a benefit of the Texas Health Steps Comprehensive Care Program (THSteps-CCP). Texas Medicaid recipients **20 years of age and younger** who meet the criteria outlined in the Autism Services benefit description may receive this service.

**ABA is a new Medicaid benefit effective February 1, 2022.**

## **What is ABA?**

- Applied Behavior Analysis (ABA) is a therapy based on the science of learning and behavior.
- ABA therapy applies our understanding of how behavior works in real situations.
- The goal is to increase behaviors that are helpful and decrease behaviors that are harmful and affect learning.



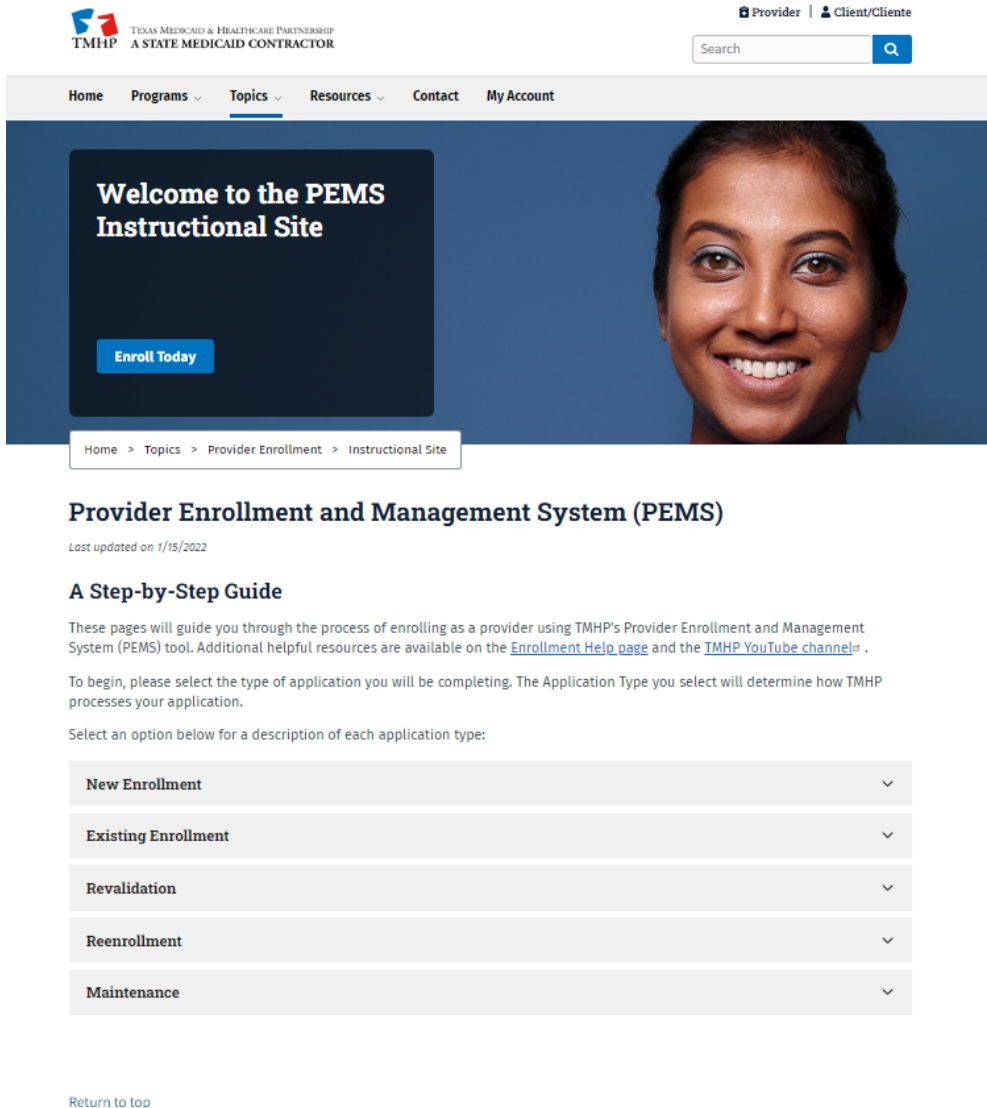
# Telehealth New Place of Service Code 10 Effective January 1, 2022

Effective January 1, 2022, a new place of service (POS) code (code 10) is available for providers who provide telehealth services to patients who attend the telehealth appointments in their own homes.

Description of Services	Place of Service	Modifier
Telehealth Provided in Patient's Home	10	95

[Telehealth New Place of Service \(POS\) Code \(Code 10\) Available, Effective January 1, 2022 | TMHP](#)

# Provider Enrollment and Management System (PEMS)



The screenshot shows the TMHP website's PEMS Instructional Site. At the top left is the TMHP logo with the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR". To the right are links for "Provider" and "Client/Client" and a search bar. A navigation menu includes "Home", "Programs", "Topics", "Resources", "Contact", and "My Account". The main banner features a woman's face and the text "Welcome to the PEMS Instructional Site" with an "Enroll Today" button. Below the banner is a breadcrumb trail: "Home > Topics > Provider Enrollment > Instructional Site". The main heading is "Provider Enrollment and Management System (PEMS)" with a sub-heading "A Step-by-Step Guide". The text explains that the pages guide users through enrolling as a provider and lists helpful resources like the "Enrollment Help page" and "TMHP YouTube channel". It also states that the application type determines how TMHP processes the application. A list of application types is provided: New Enrollment, Existing Enrollment, Revalidation, Reenrollment, and Maintenance, each with a dropdown arrow. A "Return to top" link is at the bottom left.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR

Provider | Client/Client

Search

Home Programs Topics Resources Contact My Account

Welcome to the PEMS Instructional Site

Enroll Today

Home > Topics > Provider Enrollment > Instructional Site

## Provider Enrollment and Management System (PEMS)

Last updated on 1/15/2022

### A Step-by-Step Guide

These pages will guide you through the process of enrolling as a provider using TMHP's Provider Enrollment and Management System (PEMS) tool. Additional helpful resources are available on the [Enrollment Help page](#) and the [TMHP YouTube channel](#).

To begin, please select the type of application you will be completing. The Application Type you select will determine how TMHP processes your application.

Select an option below for a description of each application type:

- New Enrollment
- Existing Enrollment
- Revalidation
- Reenrollment
- Maintenance

[Return to top](#)

<https://www.tmhp.com/topics/provider-enrollment/pems/start-application>

# Electronic Visit Verification

## What is Electronic Visit Verification (EVV)?

Electronic visit verification is a computer-based system that electronically documents and verifies service delivery information, such as date, time, service type and location for certain Medicaid service visits.

Effective January 1, 2023, EVV will be required for Medicaid home health care services.

States that do not implement EVV will receive reduced federal Medicaid funding.

Visit the HHSC EVV Training webpage for additional information and resources.  
<https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/electronic-visit-verification/evv-training-resources>

# Contact Information

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Provider Relations Department

(915) 532-3778

[ProviderServicesDG@elpasohealth.com](mailto:ProviderServicesDG@elpasohealth.com)



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## **Prior Authorization**

Dolores Herrada

Director of Health Services

# Prior Authorization Catalog

Certain services may require a prior authorization. El Paso Health has developed the Prior Authorization Catalog to help providers determine if a CPT code requires authorization for our STAR and CHIP programs and what supporting documentation you might need.

- [Prior Authorization Tool and Catalog](#) may be found on our website at [www.elpasohealth.com](http://www.elpasohealth.com) in the Providers tab.

97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; T	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; N	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; A	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

# Prior Authorization Tool

- All questions on the table must be answered in order to be able to search for CPT codes.
  - A 'yes' answer to any of the questions will automatically require a prior authorization.
  - Answering 'no' to all questions on the table will prompt the CPT code search query.

Please answer all of the following questions to determine if an authorization is needed:

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	<input type="radio"/>	<input type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input type="radio"/>
Is the member receiving venous surgical procedures/services?	<input type="radio"/>	<input type="radio"/>

- Enter your CPT code and click Search to determine if prior authorization is required for that specific code.

To determine if an authorization is needed enter CPT code below.

CPT code: 1:  2:  3:  4:

- Providers may search up to four CPT codes at a time.

[Medicaid/CHIP Prior Authorization – El Paso Health](#)



Español

Call us at  
915-532-3778

Outside El Paso  
877-532-3778

Hours of Operation  
7:00 A.M. – 5:00 P.M. MST



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Search ...

Search

- Provider Forms
- Contracting and Credentialing
- Out of Network Provider Enrollment
- Provider Enrollment
- Case Management Referral Form
- Texas Health Steps Information for Providers
- Clinical Practice Guidelines
- HHSC Updates for Providers
- Prior Authorization**
- Prior Authorization Tool
- Prior Authorization Catalog

Helping you look at most.

Learn More

<http://www.elpasohealth.com/providers/medicaid-chip-prior-authorization/>

# Essential Information

## UMCM 3.22

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To comply with HHSC requirements this notice provides guidance to Medicaid Providers on the submission of all Essential Information (EI). EI is a limited list of data elements required to initiate a PA review process and not intended to establish medical necessity.

All EI must be included on all Medicaid outpatient PA submissions to ensure that incomplete requests are not unnecessarily rejected solely from the submission of insufficient or incomplete documentation. The Texas Standardized PA Request Form must include the following essential information to initiate the review process (EI):

# Prior Authorization

## Must Know

### Prior Authorization

To search type and hit enter...

CONTACT INFORMATION



SUBMITTING A PRIOR AUTHORIZATION REQUEST



CLINICAL GUIDELINES



REQUIRED INFORMATION



To ensure El Paso Health has all it needs to initiate a prior authorization request you will need to submit the [Texas Standard Prior Authorization Request Form for Health Care Services](#) or for behavioral health the [Behavioral Health Prior Authorization Form](#).

The form must include the following essential information:

- Member name
- Member number
- Member date of birth
- Requesting Provider name
- Requesting Provider's National Provider Identifier (NPI)
- Rendering Provider's Name
- Rendering Provider's NPI
- Rendering Provider's Tax Identification Number
- Current Procedural Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)
- Service requested start and end dates
- Quantity of service units requested based on the CPT, or HCPCS requested

If El Paso Health receives a request for prior authorization with information that is incomplete, missing, incorrect, or illegible El Paso Health will

# Prior Authorization Process

## Timelines

### PRIOR AUTHORIZATION TIMELINES

El Paso Health will provide a determination of a review within the following timelines:

Standard/Routine	<ul style="list-style-type: none"><li>• Within three (3) business days after receipt of the request</li></ul>
Expedited/Urgent	<ul style="list-style-type: none"><li>• Within one (1) business day after receipt of the request</li></ul>
Inpatient	<ul style="list-style-type: none"><li>• Within one (1) business day after receipt of the request</li></ul>
Post-Stabilization	<ul style="list-style-type: none"><li>• Within one hour of receipt of request if the request is related to post-hospitalization or life-threatening conditions, except that for Emergency Medical Conditions and Emergency Behavioral Health Conditions, EPH will not require prior authorization.</li></ul>

If you have questions or need help with the prior authorization process please don't hesitate to call El Paso Health Monday through Friday from 7:00 a.m. to 5:00 p.m. MST (excluding holidays) at the following number:

#### Members:

915-532-3778 or toll-free 1-877-532-3778 at extension:

- CHIP: 1516 (English), 1519 (Spanish)
- STAR: 1513 (English), 1518 (Spanish)

#### Providers:

915-532-3778 or toll-free 1-877-532-3778 at extension:

- CHIP: 1517
- STAR: 1514

# FAX COVERSHEET



**El Paso Health**  
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## IMMEDIATE ATTENTION REQUIRED

Date: 3/18/2021 12:05:46 PM

To Company: EPH Attention: EPH

To Fax No: 1 915-298-7866

Re: Member ID: \_\_\_\_\_ Auth No: \_\_\_\_\_

From: El Paso Health Phone No: 915-532-3778  
Health Services Department Toll Free Phone No: 877-532-3778  
1145 Westmoreland Drive Fax No: 915-298-7866  
El Paso, TX 79925 Toll Free Fax No: 844-298-7866

### Comments:

We are in receipt of your authorization request for <Member Name> (Member I.D. No. \_\_\_\_\_). However, you submitted the authorization request without the essential information and cannot be processed.

**List of what is incorrect, illegible, and missing will be here.**

Please correct and resubmit your authorization request in its entirety with this fax coversheet to honor your start of care.

Thank you for your attention to this matter.



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**Durable Medical Equipment & Supplies**

# Durable Medical Equipment & Supplies

The following DME & Supplies require prior authorization:

- Items over \$300
- All DME rentals exceeding 2 months

**Limitations and Restrictions may apply.** To verify log in to the Texas Medicaid Provider Procedure Manual (TMPPM) and search by CPT code or item description

<http://www.tmhp.com/resources/provider-manuals/tmpm>



# Limitations/Restrictions

## **Example:**

### Intermittent Catheters and Related Insertion Supplies

Intermittent catheters and related supplies, up to a maximum of 150 per month, may be considered without prior authorization for clients who have a medical condition that results in an impairment of urination. Quantities in excess of 150 per month may be considered with documentation of medical necessity and prior authorization.

<b>Procedure Code</b>	<b>Maximum Limitation</b>
A4351	150 per month
A4352	150 per month
A4353	150 per month

# DME & Supplies FAQ's

## **1. Is a Title XIX required to be included with a service request?**

NO, so long as the MD order is included and includes all the necessary information.

## **2. Can a PA or APN sign an order for DME or medical supplies?**

NO, EPH will only accept orders for DME & Supplies when signed by a physician using the MD order or a Title XIX.



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## **ABA Benefit**

# Autism Service Benefit

## Who is eligible?

Autism services are a benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for:

- Medicaid clients who are 20 years of age or younger
- Enrolled in our health plan at the time of service request

# Comprehensive Service Array

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Texas Medicaid offers an array of medically necessary services to support individualized treatment plans for children and youth up through 20 years of age with ASD.

These services may include one or more of the following, but are not limited to:

- Applied behavior analysis (ABA)
- Case management/care coordination (with parent permission)
- Early Childhood Intervention (ECI)
- Nutrition, when provided by a Licensed Dietitian
- Occupational therapy (OT)
- Outpatient behavioral health services
- Physician services, including medication management
- Physical therapy (PT)
- Speech-language pathology (SLP; also called speech therapy, ST)

# Prior Authorization

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To obtain prior authorization for ABA services the following documentation must be submitted with the service request:

## **For an ABA Initial Evaluation**

- A signed and dated referral from the provider for an evaluation for ABA services which may originate from the PCP or other diagnosing provider such as a physician, APRN, or a PA.
- Diagnosis of ASD must have been made within the past 3 years (or reconfirmation of diagnostic criteria and symptom severity if the initial diagnosis of ASD was made more than 3 years ago)

# Prior Authorization

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## **For Initiation of Treatment with ABA**

- Completed comprehensive ABA evaluation and therapy plan signed and dated by the LBA and parent/caregiver.
- A completed Texas Standard Prior Auth Req Form OR CCP Prior Auth Req Form
- A signed and dated referral from a physician outlining the frequency and duration of treatment based on recommendations made in the ABA evaluation, as well as the prescribing providers own clinical judgment



## ABA Request Checklist

Required for ABA EVALUATION/RE-EVALUATION/90 DAY EXTENSION REQUESTS

Providers: Please provide supporting clinical documentation for the items indicated below. Effective 2/01/2022

**Initial Evaluation Request** – 1st time for an ABA evaluation. Initial evaluation code CPT 97151 and limited to 6 hours (24 units) with the HO modifier ONLY.

To request prior authorization for an **INITIAL 90-Day ABA Initial Evaluation**, LBAs or prescribing providers must submit the following:

**Obtained from ABA Provider:**

- A signed and dated referral from the prescribing provider for an evaluation for ABA services.
- Documentation of comprehensive diagnostic assessment (i.e. PCP, APRN, or PA) or reconfirmation of diagnosis of ASD signed and dated by the diagnosing physician, dated within 3 years prior to the date the PA request for ABA initial evaluation is received by the MCO, including member age, year of initial ASD diagnosis, co-morbid behavioral health and/or physical conditions, **Level of Symptom severity as per DSM criteria under ASD**
- A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the or on the anticipated evaluation date requested.
  - The authorization for the initial ABA Evaluation (CPT 97151) is valid for 60 days from the requested evaluation date
  - When the request for prior authorization is signed and dated after the requested evaluation date, dates of service prior to the prescribing provider's signature will be denied.

**Initial 90-day ABA Treatment Request** – To request prior authorization for an Initial 90-day ABA Treatment, providers must submit the following:

**Obtained from ABA Provider:**

- Completed ABA evaluation and treatment plan signed and dated by the LBA and the parent/caregiver. An ABA evaluation is considered current when it is performed within 60 days prior to the start of care date on the prior authorization request form.
- A completed Texas Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days prior to the requested ABA treatment start date, **including procedure codes and units.**
- A signed and dated referral from a physician outlining the **frequency and duration of treatment** based on recommendations made in the ABA evaluation as well as the prescribing providers own clinical judgment. **LATE SUBMISSIONS:** requests for initial 90-day ABA treatment submitted 60 days after the completed ABA evaluation date and within 180 days after the evaluation date will require a progress summary signed and dated by the LBA. Longer than 180 days, a re-evaluation will need to be completed.
- Documentation must include. (Provide ALL of the following):
  - relevant co-morbid conditions, trauma history, family history, primary language, previous ABA.
  - Short and Long-term treatment goals in SMART format, including baselines and parent goals. Include all settings where treatment will occur.
  - Vision and Hearing screens (Texas Healthsteps required screenings are acceptable)
  - Prognosis with clearly established discharge criteria.
  - Validated assessment of cognitive abilities and adaptive behaviors, NOT screens.
  - Functional behavior assessment, related to specific behaviors of concern, as clinically indicated.
  - Planned frequency and duration
  - If group treatment is planned, the treatment plan must include clearly defined, measurable goals for the group therapy that are specific to the member and his/her targeted behavior/skills.
  - A clear plan to coordinate with other providers.

**90-day Extension of Initial ABA Authorization Request** – All of the following elements must be submitted with the authorization request:

**Obtained from ABA Provider:**

- Attendance log for child/youth
- Attendance log for parent/caregiver
- Progress summary from LBA: CPT 97155, signed and dated by LBA and parent/caregiver

Attendance Logs: must include percentage of scheduled sessions successfully completed. These logs must be submitted with any future request for extension or recertification.

**ABA 180-DAY Recertification Request** – Prior Authorization for recertification requests may be considered for increments up to 180 days for each request following the initial total of 180 days (two- 90 days) authorization period(s). All of the following elements must be submitted with the authorization request:

**Obtained from ABA Provider:**

- Completed ABA Re-Evaluation and treatment plan signed and dated by LBA and parent (CPT 97151 for up to 6 hours/24 units); Re-Evaluation does not require prior auth, will be reviewed upon submission
- Attendance log for member, and parent/ caregiver log with percentage of participation of both
- A completed Texas Prior Standard Prior Authorization Request Form OR a CCP Prior Authorization Request Form, signed and dated by a prescribing provider within 60 calendar days (minimum 85%) prior to the requested ABA treatment recertifications start date, **including procedure codes and number of units.**
- A complete request must be received no earlier than 60 days before the current authorization period expires.
- If gap in service is defined as not receiving ABA treatment or Re-Evaluation for 180 days or more, the provider must submit the request as an initial request and all documentation related to an initial request is required.

Revision is based on the most current edition of the TMPPM (Texas Medicaid Provider Procedures Manual). Manual subject to change, please refer to new editions as available.



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## Therapy Requests

# How/When Does EPH Accept Requests?

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**How:** EPH is required to accept requests using various methods:

**Electronic:** EPH Web portal (HealthX)

**Telephonic:** 915-532-3778 or toll free 888-532-378-78

**Fax:** Outpatient- 915-298-7866 or toll free 844-298-7866

Inpatient- 915-298-5278 or toll free 844-298-5278

**Walk In / Telephonic**

## **When:**

During normal business hours between 8:00 am – 5:00 pm MST to discuss patients' care and respond to telephone review requests, Monday through Friday on each day that is not a legal holiday. EPH Medical Director is available after-hours and can be reached by EPH's answering service who transfers the call to him or designee.

# Prior Authorization Process for Therapy

- 1) Obtain an order from the physician to evaluate or re-evaluate prior to performing the evaluation or reevaluation
- 2) Perform the evaluation/re-evaluation
- 3) Therapist to discuss findings of evaluation/re-evaluation with physician and obtain signed and dated orders which indicate a frequency and duration OR physician signed plan of care. **Please note:** the recommend frequency by the physician is the frequency that will be considered by the EPH Medical Director. The physician order or signed Plan of Care should be dated following the evaluation/reevaluation.
- 4) Therapy Provider will submit prior authorization request to EP Health. Submission should include prior auth form with dates of service within 180 days of therapy starting, modality being requested, all requested CPT codes, diagnosis codes, any pertinent modifiers along with the order to evaluate/re-evaluate, current evaluation/re-evaluation, plan of care to include SMART goals, pertinent physician clinical or well child visit

**NOTE: El Paso Health will request additional information if any of the above is missing from the request**

**NOTE: Submit Prior Authorization Request no earlier than 30 days of the current authorization end date**

# Frequency and Duration

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- Frequency must always be commensurate with the client's medical and skilled therapy needs, level of disability and standards of practice; it is not for the convenience of the client or the responsible adult.
- High Frequency (3 x/wk) can only be considered for a limited duration (4 wks. or less)
- Moderate Frequency (2x/wk) when documentation supports the frequency
- Low Frequency (1x/wk to every other week) when client is making progress, but the progress has slowed and documentation shows client is at risk of deterioration
- Maintenance Level (every other week, monthly, or every 3 months) when client requires skilled therapy for ongoing periodic assessments

***NOTE: As the client's medical need for therapy decreases, it is expected that the therapy frequency will decrease as well.***



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## **Claims Updates**

Adriana Villagrana

Claims Manager

# Reminders

## Claims Processing

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Timely filing deadline

—**95** days from date of service

Corrected claim deadline

—**120** days from date of the Remittance Advice

# Reminders

## Telehealth Claims

Providers may be reimbursed for Telemedicine claims for medical/preventive services rendered to EPH members.

Claims must be submitted with:

- Modifier 95
  - Place of Service (POS) 10
  - Place of Service (POS) 02
- The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

(Effective January 1, 2017)(**Description change effective January 1, 2022**, and applicable for Medicare April 1, 2022.)

***Note: Claim will deny if claim is submitted only with modifier 95 and POS 02 or POS 10 is not present or vice versa***



# Required Modifiers

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Modifiers GP, GO and GN are required except when billing for evaluations or re-evaluations

Use modifier UB if services were delivered by a licensed therapy assistant under supervision of a licensed therapist

Use modifier U5 if services were delivered by a licensed therapist or a physician

# ABA Services

## Enrolled LBA

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Use individual NPI as both the rendering and billing provider on claim.

LBA's employer NPI may not be designated as rendering or billing provider.

# Electronic Claims

Claims are accepted from:

- Availity
- Trizetto Provider Solutions, LLC. (*formerly Gateway EDI*)

## Availity/TPS Payer Identifications

El Paso First Health Plans Premier Plan STAR Medicaid HMO	EPF02
El Paso First Health Plans CHIP	EPF03
El Paso First Health Plan HCO Healthcare Options	EPF37
Preferred Administrators	EPF10
Preferred Administrators Children's Hospital	EPF11
El Paso Health Advantage Dual SNP	EPF07

# Questions

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## **Special Investigations Unit (SIU)**

**Jourdan Norman**

SIU Program Manager

# SIU Team Purpose

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Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent Waste, Abuse, and Fraud (WAF Plan). This plan is carried out by El Paso Health's Special Investigations Unit (SIU).

What do we do?

- Regularly audit El Paso Health's providers and members to make sure providers are billing correctly and members are receiving the services we are being billed for.
  - If a pattern of incorrect billing exists, or if a member cannot verify they received services we were billed for, El Paso Health will request additional records from a provider or providers.
  - Review for incorrect billing can include but is not limited to: suspicious volume of claims, upcoding, duplicate billing, (un)bundled services, correct use of modifiers, etc.
- 400 randomly selected members are texted to verify they received services on a billed DOS.
  - Telemedicine is included
- 39 Week OB inductions Audits

# SIU Partner & Medical Records Request

## Data Analytics and Audits Vendor/Partner

- Cotiviti will send providers the request for medical records.
  - 1<sup>st</sup> request mailed to the provider's address on file. Given 4 weeks to respond.
  - If no response, 2<sup>nd</sup> request mailed and phone call to provider's phone number on file to attempt to email request. Given 2 weeks to respond.
  - If no response still, 3<sup>rd</sup> and final request mailed, phone call to provider again, email requested again to send request via email. Given 1 week to respond.
- Please make sure you and/or your Third Party Biller handle a records request with urgency and submit all of the documentation requested as soon as possible.
- Failure to submit records results in an automatic recoupment that is not appealable.
- Providers may mail paper records or a USB device containing the records directly to Cotiviti or call EPH (Jourdan or Vanessa) to pick up records.
- If there are extenuating circumstances that prevent your office from submitting documentation on time, an extension may be granted but **must be requested in writing before the Records Request due date. (email is ok)**

COTIVITI

██████████  
**ATTN: Medical Records/ Release of Information**  
██████████

El Paso, TX 79925

RE: Request for Medical Records –Time Sensitive Response Due  
Plan: El Paso Health  
Request Number: ██████████  
Member: Please see member list at bottom of letter  
Response Due: ██████████, 2020

Dear Provider:

Please accept this as a request for medical records/documentation for the enclosed members. The submission of these records will support El Paso Health, with its operational responsibility of oversight of participating partners. We thank you in advance for your cooperation.

El Paso Health is a Covered Entity as defined by HIPAA and all past and current members are provided with a HIPAA Privacy Notice upon enrollment therefore Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations. Under the Health Insurance Portability and Accountability Act (HIPAA)

Please adhere to the following directions when photocopying, packaging, and mailing the requested records

1) Complete copies should include specific records to support the services provided. Send complete records to support the claims billed for each member. It may include **but not be limited** to the following:

- Patient Information Sheets (completed by parent, guardian or patient)
- Financial Records including superbills, copays, Patient Ledgers and Patient Intake Forms (Please submit a letter signed by the doctor if your office currently uses an EMR system that prevents you from producing superbills.)
- Physician Orders / Notes, Nurse/Attendant Notes, Consultant and Other Medical Reports
- Diagnostic Test Results, Graphic Reports / Images (regardless of where they are performed)
- Referral / Authorization Requests and Forms
- Medication Records, All Lab Requisitions and Lab Reports
- Emergency Room Records, Operative Reports
- Clients application for services, Timesheets, DME Orders
- Health assessment, Plan of Care
- Agreement for services, orientation documentation for attendants, supervisory visit
- Delivery Slip
- Tracking Information
- Certificate of Medical Necessity
- Product Description and Serial Number
- Rental Agreements
- Any other records pertaining to the claims billed for the member.

2) Copy of Photo ID and Member ID card.

3) All records are to be shipped via a traceable manner such as registered United States Postal Service.

# Medical Records Request Letter Sample



# How to Submit

El Paso Health retains HMS/Cotiviti as our subcontractor for Medical Records acquisitions. Please return the medical records to the following address on or before **{4 weeks from date of letter}**:

**Via U.S. Mail:**  
C/O Cotiviti, Inc  
66 Wadsworth Park Drive, Suite 5250  
Draper, UT 84020

Medical records can be sent via secure portal or fax:

[www.submitrecords.com](http://www.submitrecords.com), with the client identifier/password eph24FWA

secure fax: 877-300-7850

# Missing MR Items and Attestation

If some information but not all is submitted, the entire claim may be recouped for insufficient documentation for service provided.

- Examples of items left out of a record include X-Ray results after an X-Ray is ordered/billed, In/Out Times, Ultrasounds, HPI, etc.
- If no documentation is submitted for a claim whatsoever, the entire claim will be recouped for no documentation for that claim.

In line with Federal C.F.R. guidelines, a signed attestation is required by the Custodian of Records and the Provider when records are initially submitted.

- After this attestation is signed and submitted with records, **no new records may be accepted during the audit or appeal process.**
- El Paso Health's attestation states **"By attesting the above, I understand that any medical records or documentation not submitted with this request for medical records will not be considered after the final audit review findings. If a review of the documentation submitted does not identify sufficient documentation for the services provided, payment for those services can and will be recouped in their entirety... I further attest that the records attached hereto are complete, and original or exact duplicates of the original, records on file."**

# Remember

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# Closing the Review

Once the audit is complete, we will confirm your office's email via phone and send you a notification email with a review of findings as well as a list of claims examined.

- You have the right to dispute/appeal the findings. The deadline is 30 days after the email notification.
  - The dispute/appeal will be handled by the SIU team. **It is not handled by the Complaints & Appeals Department or any other department at El Paso Health.**
  - You may not dispute claims for which you did not provide any documentation.
  - No documentation results in an automatic recoupment.
  - No medical records will be accepted after the review has been completed.
- 30 days after sending the notification email, or after the appeal has been completed, EPH will finalize the recoupment of overpaid claims
  - EPH will recoup via claims adjustments unless a provider specifies they will submit payment via check or checks

# External Audits

The **HHSC Office of Inspector General (OIG)** and **Office of Attorney General (OAG)** conduct their own independent audits.

- The OIG or OAG may request our claims data, provider contracts, or internal audits we've done on providers.
- The can initiate Claims Freeze Requests
  - Instances where we cannot adjudicate a claim.
  - Can last several months.
  - The Provider and MCO will be notified.
- The OIG or OAG will do their recoupments via MCO. EPH will give direction to providers in these instances.

# SIU Contact Information

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Jourdan Norman, Special Investigations Unit Program Manager

- (915) 298-7198 ext. 1039
- [jnorman@elpasohealth.com](mailto:jnorman@elpasohealth.com)

Vanessa Berrios, CPC, Special Investigations Unit Claims Supervisor

- (915) 298-7198 ext. 1040
- [vberrios@elpasohealth.com](mailto:vberrios@elpasohealth.com)

When in doubt,  
reach out!

Waste, Fraud, Abuse Hotline: (866) 356-8395



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## **Member Services Department**

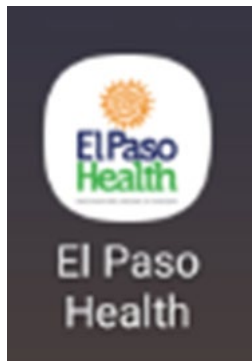
Shantee Aguilera

Provider Relations Representative

# STAR and CHIP Member Portal/ EPH Mobile App

Members can perform a variety of functions on the El Paso Health Member Portal and the El Paso Health Mobile App, to include:

- View and print a temporary ID
  - View eligibility information
  - Request a PCP change
  - View authorizations
  - Ask a question to one of our representatives
  - Request a new ID card
  - Find a Provider
  - View wellness information
  - View claims
- Members can access the **Member Portal** on our website at [www.elpasohealth.com](http://www.elpasohealth.com) by clicking on the Member Portal Login.
  - Members can also download the **El Paso Health Mobile App** via Google Play or Apple Store.





# Behavioral Health Crisis Line

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El Paso Health offers STAR and CHIP members a crisis line for assistance with behavioral health.

- Crisis Line staff is bilingual
- Interpreter services are available, if needed
- Open 24 hours a day, 7 days a week

**STAR**            **1-877-377-6147**

**CHIP**            **1-877-377-6184**



# Non-Emergent Medical Transportation (NEMT) Services

Access2Care, an El Paso Health Partner, may be able to help STAR members with Non-Emergent Medical Transportation (NEMT) to Medicaid Services, to include:

- Public transportation



- A taxi or van service



- Money to purchase gas



- Commercial transit



- To request transportation, members must call Access2Care at 1-844-572-8196.
- Arrangements must be made at least two days before appointment or five days before is appointment is outside the county.
- Phones are answered 24 hours a day, 7 days a week, 365 days a year.

# Non-Emergent Medical Transportation (NEMT) Services, cont.

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Members must include the following when calling Access2Care:










- Address and phone number where appointment will take place with exact date & time.
- Name of the physician they will be seeing.
- Address and phone number of where they need to be picked up and can be reached.
- Arrangements must be made by the assigned Case Name.
- Provide details of what they will need. (Lodging, meal assistance, gas reimbursement etc.)

\*\*If the member does not call within the set timeframes, they will be directed back to the Plan and it will delay the arrangements.

# VAS – Healthy Rewards















## A Great Health Plan Comes With Healthy Rewards.



HEALTHY REWARDS*		MEDICAID MEMBER	CHIP MEMBER
 <p>Members have 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual medical advice info line staffed by nurses, pharmacists, and a medical director on call.</p>	✓	✓	
 <p>A free ride service to help you get to medical appointments or health education classes.</p>	✓	✓	
 <p>Two free books from the EPH Literacy Program for members in speech therapy.</p>	✓	✓	
 <p>Pregnant members 21 or older can receive up to \$500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions.</p>	✓	✓	
 <p><b>Members 20 and younger.</b> For contact lenses and glasses (lenses and frames), members receive up to \$125 above the Medicaid/CHIP benefit.</p>	✓	✓	
 <p><b>Members 21 years and older.</b> For contact lenses and glasses (lenses and frames), members receive up to \$150 above the Medicaid benefit, once every 24 months.</p>	✓		
 <p>Pregnant members can receive:</p> <ul style="list-style-type: none"> <li>• A free convertible car seat after attending a baby shower at El Paso Health.</li> <li>• A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby.</li> <li>• Gift cards for completing prenatal visits and after confirmation of those visits for:           <ul style="list-style-type: none"> <li>• \$25 - Prenatal visit in the first trimester or within 42 days of enrollment.</li> <li>• \$20 - 3rd prenatal visit.</li> <li>• \$20 - 6th prenatal visit.</li> <li>• \$20 - 9th prenatal visit.</li> <li>• \$20 - flu shot during pregnancy.</li> <li>• \$25 - a timely postpartum visit within 7 to 60 days of delivery.</li> </ul> </li> </ul>	✓	✓	
 <p>Medicaid members age 20 or younger and CHIP members age 18 or younger can receive four addition nutritional/obesity counseling services above the Medicaid/CHIP benefit.</p>	✓	✓	
 <p>A free "EPH Food from the Heart" food basket for new members after completing a new member orientation with El Paso Health.</p>	✓	✓	

# VAS – Healthy Rewards

## A Great Health Plan Comes With Healthy Rewards.

	<p>\$25 gift packet which includes a first aid kit and a \$10 Walmart gift card for health related items, for new members who complete the request form and send by return mail within 30 days of enrollment.</p>		
	<p>Members between the ages of 4 and 18 can get a free sports physical each year.</p>		
	<p>One allergy-free pillow case for members who are enrolled in the Asthma Disease Management Program.</p>		
 <p>VIRTUAL-CONNECT BY EL PASO HEALTH</p>	<p>“Virtual Connect by El Paso Health” is a service that provides face to face virtual visits for members with social determinants of health or complex conditions such as high-risk pregnancies, behavioral, or medical conditions that require specialized intervention.</p>		
	<p>A \$15 gift card for members ages 3 to 19 who get a check-up when due.</p>		

 <p>STAY SAFE KIT by El Paso Health</p>	<p>A free “EPH Stay Safe kit” that includes 2 washable and reusable cloth masks, 2 mask covers, 4 disposable masks, gloves, hand sanitizers, thermometer, healthy tips on hand washing, and sanitizing wipes.</p>		
	<p>A \$20 gift card is offered to members ages 21 and older who get an annual preventative wellness exam.</p>		
	<p>A \$10 gift card for members 20 and younger who complete a Texas Health Steps check up on time.</p>		
	<p>A \$10 Walmart gift card for members 20 and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay. Members can receive one gift card per year.</p>		
	<p>Up to \$35 discount for any sport, swim, or camp registration fee at participating YMCA’s; once every 12 months.</p>		

For questions or doctor information: **877-532-3778**  
 TTY line for people with a hearing or speech disability: **855-532-3740**  
 Help for mental health, drug, or alcohol problems: **877-377-6184**  
 For prescription or medicine information: **877-532-3778**

*\*Healthy Rewards are El Paso Health’s Value Added Services. Terms and limitations may apply.*



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[www.elpasohealth.com](http://www.elpasohealth.com)

# Attention: EPH Speech Therapy Providers



Readers Today.  
Leaders Tomorrow.  
by El Paso Health

EPH is offering **two free books** from the **EPH Literacy Program** for members in speech therapy. With your assistance you can spread the word to our EPH members.

We need your help to:


- Assist the members parent in registering on our EPH website OR encourage the members parent to register on their own
- Provide the Link: <https://www.elpasohealth.com/readerstoday.asp>
- EPH will confirm the registration (*registration page will ask for preferred language*)
- A text is sent with the link to the video
- EPH will confirm that they have opened the link for the video
- Members have 90 days from the day of registration to complete the video
- EPH will mail 2 books (in preferred language Spanish or English), a highlighter, a bookmark, in a keepsake EPH bag

This value-add service is limited to once a year as long as they are in speech therapy.

**Help promote readers today for leaders tomorrow!**






# Attention: EPH Speech Therapy Providers Continued



### For New or Renewed Members of El Paso Health

Complete a short video on reading with your kids and get two free books! You have 90 days from the day of registration to complete the video and receive your free books. This reward is for member's currently in speech therapy. Call us at 915-532-3778 if you have questions.  
Restrictions and limitations may apply.

[Versión en Español](#) |  |  | 

### Register Today

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**Member Name**

First Name\*  Last Name\*  Member ID Number\*

**Parent/Legal Guardian**

First Name\*  Last Name\*  Preferred Reading Language\*

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**Contact Information**

Address\*  City\*  State\*  Zip\*

Cell Phone\*  Email

Format: 9151231234

If you need assistance or would like more information, please call us at 915-532-3778 or toll free 1-877-532-3778. We can answer your calls from 7:00 am to 5:00 pm Monday thru Friday.

[Register Now](#)

\*These fields MUST be filled out to register.

EPHM3632107

If you need assistance or would like more information, please call us at 915-532-3778 or toll free 1-877-532-3778.

# Cultural Competency and Linguistic Services

- El Paso Health established a **Cultural Competency Plan** that reflects the National CLAS principle standards, Title VI of the Civil Rights Act guidelines and the provision of auxiliary aids and services, in compliance with the Americans with Disabilities Act, Title III, Department of Justice Regulation 28 C.F.R. § 36.303, 42 C.F.R. § 438.10(f)(6)(i), and 1 Tex. Admin. Code § 353.411, builds upon our relationships with the community, our Members, and the health care Providers in our borderland community.
- El Paso Health is committed to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- El Paso Health ensures annually that governance, leadership, associates, providers and subcontractors are educated and trained about, remain aware of, and are sensitive to the cultural differences and language needs of our Members.



# Member Cost Sharing Obligations

STAR	CHIP/ CHIP Perinate
<p>Medicaid Members do not have cost sharing obligations for covered services.</p>	<ul style="list-style-type: none"><li>• Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service. (Currently waived due to COVID19 pandemic)</li><li>• Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays.</li><li>• No cost-sharing on benefits for well-baby and well-child services, preventive services, or pregnancy-related assistance.</li></ul>

# Benefit Limitations and Exclusions

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Some covered services may have limitations or require a prior authorization. There are certain services that are excluded from the covered benefits for STAR and CHIP members. Examples of exclusions include, but are not limited to, the following:

- Elective surgery to correct vision
- Prostate and mammography screening
- Immunizations solely for travel
- Custodial care
- Personal comfort items (e.g./ telephone, newborn infant photographs)
- Elective abortions
- Gastric procedures for weight loss
- Cosmetic surgery (solely cosmetic purposes)
- Contraceptive medication (Family Planning)
- Over-the-counter medications

# Prohibitions on Balance Billing

- Members cannot be held liable for any balance related to covered services.
- Network Providers and Out-of-Network Providers are prohibited from billing or collecting any amount from a Member for covered services.
- According to Section 1.6.10, Billing Clients from Provider Enrollment and Responsibilities from the Texas Medicaid Provider Procedures Manual: Vol.1:

'Providers cannot bill nor take recourse against eligible clients.'

# Contact Information

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**Nellie Ontiveros**

Member Services Manager

(915) 532-3778 ext. 1112



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**For more information:**

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(915) 532-3778



[www.elpasohealth.com](http://www.elpasohealth.com)

